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THE
MEDICAL AND SURGICAL REPORTER.

No. 690.]

PHILADELPHIA, MAY 21, 1870.

[Vol. XXII.—No. 21.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SPONTANEOUS PTYALISM.

By C. W. KNIGHT, M. D., U. S. A.

Of Post Lampasas, Texas.

On board the U.S. steamer "New England," at Havana, on the 3d February last, Mr. I. L. made me the following statement: Two days previously he had noticed that his mouth was unusually "watery;" but he had not thought much of it until waking this morning he found his pillow and night-shirt saturated with saliva. He also said that he felt a "little stiff and sore in the jaws." He stated positively—and I place great confidence in his desire to tell me the entire truth—that he had been taking no medicine of any kind, with the exception of two Seidlitz powders, which I had given him to relieve a tendency to constipation. On examination I found the parotids slightly enlarged and indurated with increased sensibility to touch. The gums were swollen and moderately sensitive around the molars. The tongue looked healthy, with the exception of a little whitish fur near the base. The breath was offensive, resembling in odor that of the body of an uncleanly man. On careful inspection the teeth were found to be perfectly sound, and entirely free from any sharp edges that might act as sources of irritation. Being his messmate, I knew that his diet had contained a full allowance of fresh meats and vegetables. I had many opportunities for knowing that his health had been good in every respect, excepting that his bowels had been constipated, as previously mentioned.

As treatment, I ordered a purge of rhubarb and jalap to be taken at once. Internally, a tablespoonful, every three hours, of a solution of potassæ chlor. of the strength of one drachm

to the pint; this solution to be also used as a mouth wash several times daily.

Feb. 4th.—All the symptoms much aggravated. Parotids larger and more painful; gums hot, tense, and very sensitive; tongue coated; yellowish in the centre, whitish on the edges and tip, with indications of forming ulcers on the edges. Patient very nervous and irritable, and complaining much of pain at the angles of the jaw. Marked fetor of breath. R. Tinct. ferri subsulph., gtt. v every three hours; pulvis. ipecac. comp. gr. x, twice in the day; continue the internal and local application of the potash solution, but of doubled strength.

Feb. 5th.—Worse. Tongue much swollen, with ulcers in several places on its edges; between three and four pints of saliva poured out during the night; parotid and submaxillary glands, enlarged, hard, and painful. The patient's appearance is pitiable, and reminds one of the descriptions by old writers of severe cases of mercurial salivation. Ordered a nourishing diet, with a milk punch, twice a day. Continued tinct. ferri subsulph., gtt. x, every three hours, and potash solution; Dover's powder *pro re nata*.

Feb. 6th.—No change for the better. The ulcers on the tongue have run together, forming three large sores; an ulcer on each cheek as large as a silver dollar, with rugged edges, and of a dark reddish color; these ulcers present a very unhealthy appearance; ordered beef essence, with milk punch; continue iron, omit chlorate of potash, and substitute a saturated solution of chloride of sodium, with which the mouth is to be thoroughly washed every half hour; the ulcers on the tongue and cheeks being touched, in addition, three or four times during the day with a crystal of rock salt.

Feb. 7th.—From the commencement of the

chloride of sodium treatment the patient improved rapidly, the frequency of application being gradually decreased as the patient grew better. The tonic regimen was kept up for ten days. He was entirely well in two weeks.

I desire particularly to call attention to the great relief experienced from the use of the chloride. At every application the patient said a cool and pleasant sensation was imparted to his mouth. He soon acquired the habit of keeping a small lump of salt in the mouth, and said it was as pleasant as a piece of ice to his parched tongue. The fetor of his breath was markedly controlled by the salt, so that the almost unbearable odor of the cabin was soon dissipated.

I am unable to assign any cause for the complaint, unless the torpidity of his bowels can be charged with it. I have called it spontaneous ptialism after Thomas Watson, who gives, in his "Practice of Physic," that name to a similar train of symptoms. The mode of invasion and the severity of the symptoms distinguishes my case, I think, from mumps, or ordinary stomatitis.

PUERPERAL CONVULSIONS—RECOVERY.

BY D. S. WILLIAMS, M. D.,
Of Freeland, Md.

The following case may not be devoid of interest to the readers of your journal. I was called at three, on the morning of January 24th, 1870, to visit Mrs. M. J. M——, living about four miles distant, who was expecting to be confined about this time. I arrived at the place at 4 o'clock A. M. and received the following history of the case. Mrs. M—— was taken with convulsions between 1 and 2 o'clock this morning; had complained the day previously of pain in the head, which she attributed to a cold she thought she had taken; retired at 8 o'clock in the evening, having partaken of a light supper of oysters.

She awoke 1 o'clock A. M.; vomited; complained again of the pain in her head; got into bed again and turned over on her right side and was attacked with a convulsion whilst in the act of turning, or immediately after. On examination I found her of short stature, stout, health previously good; aged 23 years, and in her first pregnancy. She was unconscious; pulse moderately full. I thought I detected a slight puffiness of the

skin of the forehead. She had complained of no labor pain before the convulsive attack, and on examination I found the os uteri so close as scarcely to admit the point of the finger. She had two convulsions before I saw her. She was very restless, tossing about and having the peculiar anxious, and frightened look of eclampsia. During the examination she had another convulsion which lasted about five or six minutes, (I mean the convulsive stage). Immediately after I bled her from the arm 4 or 5 oz., as she tossed her head about a good deal, I directed the constant application of cold water. I then placed a powder composed of calomel, 8 grs., ipecac, 1 gr., in her mouth; her bladder had been freely evacuated the day before. The convulsions recurred at intervals of about an hour; after the second convulsion she did not speak; I repeated the bleeding after the next two convulsions, taking about 4 oz. at each of these bleedings. I requested the family at 8 o'clock A. M. to call in another physician. Dr. JONES came at 9:30 A. M.; two and three-quarter hours have now elapsed since the last convulsion and bleeding, the doctor advised $\frac{1}{2}$ gr. sulph. of morphia at a dose, to be repeated or not, as thought proper, with mustard to the nape of the neck. She had another convulsion whilst the Dr. was present. I gave her one dose of the morphia, which seemed to increase her distress by pain in the head. She had, up to 10.30 A. M., 8 convulsions.

12.45 P. M.—Had another convulsion, which was harder and lasted longer than any of the preceding ones; her face was drawn greatly to one side during this spasm; moans a good deal. 1 o'clock P. M., had two convulsions in succession; rolls her head from side to side; constant moaning; pulse 115. 3.45 P. M., has had another convulsion; seems to be getting weak; her head in constant motion, rolling it from side to side; pulse 115, small and weak; no sign of commencing labor, on making a vaginal examination. 6 P. M. Two convulsions in succession; condition about the same. 8 P. M. Another convulsion; seems to be nearly exhausted. 9.30 P. M., has apparently some abdominal pain; the os beginning to dilate; as soon as the os was fully dilated, I ruptured the membranes; the child presented in the left ant. occipito-iliac position, and at 12.20 on the morning of the 25th, she was delivered of a dead female child. Her pulse 120, and thready; has had no convulsion since

8 o'clock. The uterus contracted well; the placenta was not delivered for an hour, after waiting that length of time, nothing demanding interference, I gently passed my hand into the uterus, and found the placenta slightly attached at one edge; I detached it and gently drew one edge down into the cervix, when it was promptly expelled. I carefully watched her from the moment of delivery to 6 o'clock A. M. of the 25th; pulse, at this time, 120, and weak.

I neglected to say that at 9.30 A. M., of the 24th inst., there was considerable preternatural heat of the head and body generally, almost amounting to a fever, this continued until six o'clock on the morning of the 25th, when I left her to attend to other patients.

Three o'clock, P. M., 25th; pulse, 84. Has taken a few spoonfuls of nourishment; no urine voided since delivery, drew off with the catheter about 4 ounces of urine. But slight lochial discharge; spoke a few words.

26th, 11.20 A. M. Nearly rational, disposed to laughter; bowels and bladder freely evacuated, complains of abdominal tenderness, and slight pain in the head; lochia natural.

27th. Rational, no recollection of what has transpired, slight febrile action, still complains of tenderness of the abdomen and back; lochial discharges natural.

28th. Doing well, bowels confined; gave calomel and ipecac., febrile action diminished.

29th. Bowels opened, doing well.

30th. Same as yesterday; had to draw the milk from her breasts. She has continued to do well from this time, not requiring anything but a gentle laxative.

The convulsions were undoubtedly of an epileptiform character, being attended with all the signs of that variety. The exciting cause I believe to be albuminuria caused by the pressure of the gravid uterus on the kidneys. I did not have my chloroform with me, or I might have given it a trial, though I have great doubts of its propriety in a case where there is such intense cerebral congestion. From my observations in this case I should hesitate to give opiates or cerebral stimulants, where there is any evidence of congestion of the brain, but would employ in a similar case in addition to free venesection, tartar emetic sufficient to nauseate, without vomiting. The stomach had been relieved by free emesis previous to the attack, or I would have given an

emetic. By blood-letting and tartar emetic you will succeed in relaxing the system thereby favoring the dilatation of the os uteri and expulsion of the child.

TWO CASES OF CHOPART'S OPERATION.

DANIEL LEASURE, M. D.,

Of Allegheny City, Pa., late of New Castle, Pa.

CASE 1st.—On the 13th of May, 1858, I was called to see N. Irwin, a farmer; aged 47; residing near Wampum, Pa. His attending surgeon, Dr. William Smith, of Moravia, informed me that seven weeks previously, he had been called to dress the patient's foot, for a cut inflicted by an ordinary chopping axe. The bit of the axe had passed down between the first and second metatarsal bones, and opened the tarso-metatarsal articulation.

The wound never healed. Inflammation of the periosteal and synovial membranes set in, followed by death of the tarsal and metatarsal bones. The discharge through various orifices surrounded by fungous granulations was very profuse, and the patient was now down by pain and hectic, had no appetite, and was exhausted by night sweats.

Assisted by Dr. Smith, I performed amputation, in the line of the cuboid and scaphoid, with the astragalus and os calcis, after the plan of Chopart, and then sawed off the free extremity of the astragalus, *close up* to the main body of the bone, I first made the flaps from the plantar surface, and then saved as much of the dorsal tissue as could be obtained free from disease. The plantar flap was brought up, and secured to the dorsal flap by interrupted sutures, and adhesive strips in the usual manner, and dressed with lint, slightly moistened with tepid water. The patient was put upon the use of sulphate of quinia, with ale and a generous animal diet. The wound healed by suppurative process, under poultices of flaxseed meal after the first four days, and in a few weeks the patient made a good recovery, with a stump that gives no pain, and by wearing a boot fashioned to the shape of the foot, and stuffed in front with some soft material, he follows his usual agricultural operations, and no one not acquainted with his history would suspect that he had lost a foot at the instep.

CASE 2d.—On the 13th of February, 1863, I was called to see S. K., of Newport, Pa., aged

26, a repairer on the canal. Four weeks previously he had received a wound from an axe, almost exactly similar to case 1st, and was dressed by the same surgeon, Dr. Smith, a very careful, competent practitioner by the way. It ran precisely the same course as the case before mentioned, and assisted by Dr. Smith, of Moravia, and Dr. REINHOLDT, of New Castle, I performed the same operation, with this difference, viz: I did not use any sutures, but simply brought the plantar flap up over the front of the stump, and retained it in apposition with the dorsal flap by strips of adhesive plaster. The dressings and treatment were the same as in case 1st, and it resulted in the same satisfactory manner. In both these cases the tarsal and metatarsal bones were completely dead, and lay in a bed of pus, which discharged through numerous fistulous openings, on both the dorsal and plantar surfaces.

I report these cases without any view of throwing any new or special light upon an operation so well established as that of Chopart; but for the purpose of adding to the statistics of the conservative surgery of the foot, two successful cases (I have had no others) in which the surgeon might have justified himself against blame, by amputation in the lower third of the leg, but the patients would not have been by any means quite so well off as they are.

SEQUELÆ OF DIPHTHERIA.

By O. A. BATTSON, M. D.

of Clarendon, Ill.

It is unnecessary to offer a plan of treatment for diphtheria, for perhaps, nothing new could be presented. But, I do not remember ever to have seen any report, in the medical journals of the sequelæ of this disease.

I was called, four or five years ago, to see a little girl, twelve years of age. She had a grave attack of diphtheria, which was prevailing all through the country at the time. The disease soon yielded to the ordinary plan of treatment, generally adopted by physicians throughout the county, namely, disulphate of quinine, stimulants, as brandy and aromatic spts. ammoniæ, chloras potassæ internally, and in solution as a gargle, with volatile liniments externally. In a few days the little patient was discharged cured.

About a week afterwards, the father called

in my office, and reported that his little girl was not doing well, and asked me to see her, six miles in the country, which I did. Found her not doing well, sure enough. I at once diagnosed cerebro-spinal meningitis, which was not prevailing at the time, although it did two years later. I could but regard the complication as one of the sequelæ of the original disease. She could not feel any small article, as a darning or knitting needle, when placed in her hands. There was also paralysis of the voluntary muscles concerned in locomotion, rendering her gait unsteady and tortuous. She could not go in a straight line from one part of the room to another. There was partial paralysis of the tongue, and other muscles concerned in articulation, and even of deglutition. She could only articulate the vowels. She could give intelligible sound to a labial.

The organic functions seemed to be but little disturbed, the liver and kidneys performing their accustomed offices, and the stomach digesting well enough. The pathology of this array of symptoms was easily explained. There was evident effusion into the spinal canal, pressing on the chord itself. This was the grave part of the pathology; and yet perhaps, there may have been only congestion of the chord, or simple inflammation of its meninges. In either case the symptoms would be the same. The treatment consisted of such means, as almost any intelligent physician would have adopted. Repeated paper blisters to the nape, Iodide of Potassium internally, with volatile liniments to other portions of the spine, not occupied by the blisters. In two weeks the cure was permanent and complete. I saw the girl, now a young lady, a few weeks ago, at a festival, and as a matter of course, the Doctor never forgetting great achievements in his art, the subject of her disease in childhood, formed a prominent feature of our conversation.

OBSTETRICAL REMINISCENCES.

No. II.

By F. K. BAILEY, M. D.,

Knoxville, Tenn.

PSEUDOCYESIS.

Among my first patients after commencing practice, was a lady of good family and excellent health, who was married at about 35. Within two years the menses stopped, and the usual symptoms indicating pregnancy manifested themselves. At each monthly re-

currence of the period, there were nausea, dizziness, headache, and a disposition to faint. I was consulted, and such means adopted as were suggested by the nature of the case.

The abdominal enlargement progressed as weeks passed away. The usual change of color in the areola was noticed. But motion, and the pulsation of the foetal heart were not perceived. The nine months wore away, but no indication of labor. On digital examination, I found the os uteri normal and in situ. The distension of the abdomen was as great as usually found at full term. The tenth month found no change at its close.

There was but little inconvenience felt, except from the distension, which caused dyspnoea and other unpleasant symptoms.

During the eleventh month began a gradual diminution of size. Before the close of the fourteenth, the normal size was restored. Menstruation became established in a few weeks, and never was suspended afterwards until the climacteric period arrived. The uterus made but this one attempt at fulfilling the object of its creation. Of the pathology of the case I never felt sure. My hypothesis was that a blighted ovum had slowly decomposed, and gas was evolved which did not escape entirely until the expiration of many months.

The cessation of menstruation, the characteristic symptoms resulting from conception and the darkened areola, showed that the trouble was not disease of the uterus, but a deranged function.

FANCIED PREGNANCY.

In January, 1840, was called in the case of a young woman aged 18, and married during the summer previous. She was large and tall, with a full sanguine temperament. Menstruation had missed two or three times, and she made the usual complaint common to women in the first months of pregnancy. There was a slight hemorrhage, attended with some pain, and it was natural to apprehend an escape of the ovum. I opened a vein in the arm, and allowed a few ounces of blood to flow. (In those days venesection was considered necessary in pregnancy upon slight provocation.) A few powders of opium were given, and soon all uneasiness ceased.

In two months I was again called, and found as before a slight show, with pain in the uterine region. Being of a full habit, it was not unexpected that a local determination should

exist at the usual regular periods. Appropriate medication in like manner produced relief. By this time it was the belief of my patient, and others that she was pregnant. In due time she "felt life," and at the expiration of six months, I was called and found her in considerable pain, attended with a flow. Abortion was apprehended, but in a few days all was right again. Subsequent to this I saw her occasionally, but not as a patient. It was certain in her mind that she was pregnant, and accordingly all due preparation was made for an event, which in the natural course of human expectation, would bring joy to the household, as well as afford a young doctor an obstetrical case. Reckoning from the time she "felt life," the term would conclude in July.

In due time I was summoned. It was in July, as anticipated, and the pains had commenced, but only to a slight degree. Not deeming it imperative to make a vaginal examination, and it being bed time, I concluded to retire, and gave directions that I should be called if the pains should become very severe. Morning dawned, and still no very urgent uterine efforts.

By this time some of the lady attendants began to suggest that perhaps it would all "blow over" for this day, and one sage matron even hazarded the opinion that my patient was not going to have a baby at all.

At this juncture I decided to ascertain the state of the case. On passing the finger to the vagina, I found, to my surprise, that the os was of a normal and virgin size. I informed my patient what was my opinion, but she would not believe I was right. She *knew* she was in a family way, for she had "felt life." I left, but was called two or three times a week for nearly a month, on account of pain which she fancied to be those of labor. After a while, however, she became convinced of her error.

About twelve months after this, I was again called, and found her really in labor. There was no fancy about this. A fine girl was soon born, and for some years, she proved to the world that, although once mistaken, she never again was thus misled. No other case of fancied pregnancy has since come to my personal notice.

PUERPERAL PHRENTIS.

During the Spring of 1854, I was called to attend a young woman advanced eight months in her first pregnancy. She seemed on my

first visit to be laboring under some slight indisposition, but soon began to be delirious. Among the first indications of this condition, was the giving of a most terrific scream, with a disposition to tear off her clothing, pull her hair, and attempt violence upon the attendants. The pulse rose to 140 in a short time, and there were all the signs of active inflammation of the meninges. This state of things commenced during the afternoon, and before dark she became well nigh unmanageable. A vaginal examination showed no dilatation of the os uteri.

There were no indications that the uterus was contracting, there was almost unremitting phrenzy during the night. The combined efforts of two or three men were required to keep her upon the bed, and from tearing everything to pieces within her reach. There was no favorable change during the succeeding day. It was well nigh impossible to administer anything by the mouth, and she could only be controlled by the inhalation of chloroform. Under the influence, immediate quiet was produced, and the pulse reduced to 80 in a few seconds.

She was kept under the influence of the anæsthetic most of the second day. About dark there were some indications of labor pains. During the phrenzy was seen an occasional scowl, characteristic of uterine pang. A medical friend in consultation suggested the rupture of the membranes. This was effected by the introduction of a sound. A small quantity of liquor amnii escaped, but no change in the os was discernible. During the succeeding hour more indications of pain were noticed. In less than two hours after the rupture of the membranes, in a paroxysm of raving, she exclaimed in a loud tone of voice: "*I could have a dozen babies!*" In a moment the child was born. One convulsive effort had effected labor, for I had watched very closely the relation of the child to the uterus. I had not left the bedside for a moment, and made frequent digital examinations. The placenta came away in like manner.

But there was no favorable change. The raving continued, and chloroform was given at intervals while life continued.

There was no post-mortem examination made, but it was considered an undoubted case of acute meningitis. It was in a malarial region, and such cases were not uncommon.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

SECOND DAY—WEDNESDAY, MAY 4th,

(Concluded from P. 412.)

The Secretary presented a number of communications on various subjects, which, after reading, were referred to appropriate committees, with instructions to report at the next annual meeting.

Dr. Maddox inquired of the Chair what disposition had been made of the delegates from the District of Columbia, and asked information relative to their right to seats in the Association.

The Chair informed him that all the delegates from the District of Columbia had been excluded.

Dr. Maddox then moved a reconsideration of the vote by which the District of Columbia delegates were excluded.

The motion was not considered as the whole matter had been referred to the Committee on Medical Ethics.

The Association then took up the consideration of the constitution, to which several amendments were proposed.

Before proceeding to vote on the constitutional amendments a resolution was offered which excluded from seats all delegates who had received appointments from permanent medical colleges, hospitals, lunatic asylums, and from the American Medical Society, at Paris, France; that those only should be admitted who had received their appointments from some society in good standing.

A motion was made to lay the resolution on the table.

It was also moved that members "by invitation" be excluded.

Considerable discussion ensued upon the resolution and the motion, when, on motion of Dr. Hibberd, the whole matter was postponed for further consideration.

Dr. Alfred Stillé, of Pennsylvania, chairman of the Committee on Ethics, submitted a partial report, recommending that Dr. C. C. Cox be admitted as a delegate from Maryland, as the charges brought against him were too vague to receive the consideration of the committee.

Dr. Keller, of Kentucky, submitted a minority report from the Committee on Ethics, recommending that Dr. C. C. Cox should not have a seat as a representative from Maryland, as he was a resident of Washington, and moved its adoption.

After considerable discussion, the majority report was adopted.

The Secretary then read the titles of a number of papers for the consideration of the several sections; after which the Convention adjourned to 9 A. M. Thursday morning.

In the evening the Association met, according to programme, in the United States Army Medical Museum, on Tenth street, the entire Association, members and delegates, were present, many of whom were accompanied by ladies. The early part of the evening was spent in examining the objects of interest in the museum, which was highly praised by the visitors.

At 8 o'clock the Association adjourned to the lower hall, from which the desks had been removed and accommodations made for the comfort of those present to listen to lectures from Drs. Otis and Woodward, of the United States army.

Dr. GEORGE A. OTIS was the first speaker. His lecture was on the Resection of Joints. He exhibited many illustrations, in which the operations made had been successful and the patients recovered. The lecture of Dr. Otis was of great interest, and was listened to with much attention.

Dr. J. J. WOODWARD then followed with a lecture on General Anatomy and Physiology, in which he illustrated the power of the artificial lights over the sunlight for micro-photography. Dr. Woodward was frequently interrupted by applause, as the excellence of the illustrations impressed the audience.

After the lecture of Dr. Woodward the audience adjourned to the Museum, where the examination of the specimens continued until a late hour.

MINORITY REPORT OF THE COMMITTEE ON CREDENTIALS.

The following is the minority report of the Committee on Credentials as read before the Association at its opening session:

The undersigned respectfully protest against the admission to the approaching session of the American Medical Association of the delegates from the Medical Society of the District of Columbia for the following reasons, viz:

These delegates represent a society which, in open defiance of the ethics of the American Medical Association, for the fee of ten dollars, issues licenses to practice medicine in the District of Columbia to homoeopathic and other irregular practitioners.

This society is also irregular, and violates the ethics of the American Medical Association by claiming and exercising the power to grant licenses to practice medicine in the District of Columbia to persons who are not graduates of any respectable medical college for the fee of ten dollars.

The undersigned also respectfully protest against the admission to the next session of the American Medical Association of the delegates from the so-called Medical Association of the District of Columbia for the reason that said Association is composed of the same individuals that form the Medical Society of the District of Columbia; in fact it only settles the fee bill and local ethics of the medical profession of the District, and can in no sense be called a medical organization entitled to representation in the American Medical Association.

No medical papers, essays, or pathological specimens are printed at its meetings, and it is in fact only an ingenious device by which the Medical Society of the District of Columbia is enabled to

duplicate its number of delegates in the American Medical Association.

The undersigned also respectfully calls attention to the number of delegates claiming to represent the medical profession of the District of Columbia. The total number of regular physicians in the District is about two hundred, which would give about twenty delegates, and yet it will be seen that the District delegates number about sixty-four, which is evidently unfair, and gives the District a much larger representation than it is justly entitled to.

The undersigned having already filed a written protest with the Committee on Credentials, for the reasons above given, respectfully recommends that the following gentlemen, delegates from the Medical Society of this city, be refused admission to the approaching session of the Association, viz: R. K. Stone, T. Miller, J. C. Hall, J. W. Bulkley, A. B. Drinkard, W. G. Palmer, T. A. Ashford, W. W. Johnson, J. T. Young, S. C. Brasey, J. M. Toner, W. P. Johnson, T. Antisell, C. E. Hagner, A. F. A. King, M. V. B. Bogan, W. H. Combs, D. W. Prentiss, and W. E. Roberts.

For reasons as above he respectfully recommends that seats also be refused in the approaching session of the Association to the following named gentlemen, delegates from the so-called Medical Association of the District, viz: C. H. Lieberman, D. K. Hagner, William Lee, J. C. Riley, Grafton Tyler, W. Butt, Joseph Walsh, N. S. Lincoln, J. W. H. Lovejoy, Thomas F. Maury, Louis Ritchie, W. H. G. Newman, Armistead Peter, H. B. Trist, Aaron Miller, and George R. Miller.

The undersigned report favorably upon the credentials of, and recommend that seats be granted to the following named gentlemen, delegates representing the various societies and medical institutions of the District, viz:

From the Alumni Society, Georgetown College—W. Evans, E. McNally, F. O. St. Clair, G. A. Fitch, R. S. L. Walsh, Charles Allen.

Columbia Hospital, Washington, D. C.—J. H. Thompson.

Georgetown College, D. C.—Johnson Elliott, Noble Young.

Section of Medicine and Hygiene, American Academy of Literature, Science, and Art—W. D. Stewart, D. W. Bliss, T. B. Hood, G. T. Johnson.

Small-pox Hospital, D. C.—A. T. Augusta.

Washington Asylum—S. H. McKim.

Freedmen's Hospital—Charles B. Purvis, B. G. Glennan.

Howard University Medical College, D. C.—S. L. Loomis, R. Reyburn.

National Medical Society, Washington, D. C.—H. W. Sawtelle, A. W. Tucker, J. E. Mason.

Clinopathological Society—H. A. Robbins, O. M. Muncester.

National Medical College, D. C.—A. Y. P. Garnett, J. F. Thompson.

Providence Hospital, D. C.—G. M. Dove, C. M. Ford.

The undersigned in conclusion respectfully protests against the arbitrary and illegal conduct of the majority of the members comprising the Committee on Credentials in refusing credentials to delegates from medical institutions which have been heretofore represented in the American Medical Association, and apparently objecting to them solely on partisan and political grounds.

ROBERT REYBURN, M. D.
Member of Committee on Credentials, American Medical Association.

THIRD DAY—THURSDAY, MAY 5th.

The association was called to order at 9.30 A. M., President Mendenhall in the chair; William B. Atkinson, secretary. The reading of the minutes were, on motion, dispensed with.

Dr. Antisell then read the names of a number of gentlemen who were admitted as members on invitation.

Dr. Sayre asked that a committee be appointed to examine the charges circulated against him through the country. He requested that a special committee be appointed to report on the matter at this session.

Dr. — said that there being a difficulty between Drs. Sayre and Ruppenner he objected to any committee being appointed, because the other party was absent.

Dr. Murphy, of Ohio, moved that the whole matter be referred back to the society at New York.

Dr. Sayre said it was due to the Association that these charges be looked into.

Dr. Murphy said that the reputation of Dr. Sayre was not damaged in this society, and he therefore insisted on his motion.

Dr. Keller, of Kentucky, reported on the part of the Committee on Ethics that that committee had been forced by the press of work to return the papers in the case of Dr. Sayre for the further consideration of the Association.

Dr. Maddox moved that the whole matter be laid on the table. It was so ordered.

Dr. Yandell then moved that the delegate that had been sent as a representative to the British Medical Association be heard.

Dr. Pinkney, United States navy, representative of the American Association in England, made a long and interesting report of his visit and observations to the medical schools of Britain. The report was listened to with much attention throughout.

A vote of thanks was tendered Dr. PINKNEY, and the report referred to the Committee on Publication.

Dr. F. G. SMITH, of Pennsylvania, chairman of the Committee on Nomenclature, submitted a report of the names of diseases, accompanied by a resolution recommending the adoption of the nomenclature of diseases prepared by the Royal College of Physicians at London.

Dr. UNDERHILL, of New York, also read a paper on the same subject, which was laid on the table.

The resolution recommended by the committee was discussed at some length by Drs. McDANIELS, of Alabama, LOGAN, of Louisiana, and others, who all held that revision of the nosological tables now in use was imperative.

The report, with resolution as recommended, was adopted.

Dr. C. C. Cox offered a resolution, which was adopted, for the appointment of a special commit-

tee to wait upon the Surgeon-General of the United States, and to request the privilege of duplicating the photo-microscopic slides of the tissues, so admirably executed by the indefatigable industry and skill of Surgeon J. J. Woodward, to be prepared under the direction of said committee, and distributed at a fair price to such medical colleges and institutions as may desire their use.

Dr. BEMISS, of Louisiana, from the Committee on Nominations, reported the additional standing committees for the ensuing year, which report was adopted.

Dr. Antisell offered a resolution of thanks to the Surgeon-General, United States army, for the beautiful and instructive exhibition of last evening, and recommending Dr. Woodward and Dr. Otis to the consideration of the Secretary of War as worthy of promotion for their efforts to advance medical education in the military service.

Dr. C. C. Cox then offered a resolution of condolence with the family of the late Alden March, of New York, and that a copy of the same be sent to Dr. Alden March's bereaved family. The resolution was concurred in.

Dr. Stine, of New York, introduced a resolution recommending the establishment of veterinary schools in the several States, and recommending the State Legislature to make appropriations for their support. Adopted.

Also, that one or more veterinary surgeons be associated with other physicians in the boards of health when they are appointed by the Governors. Lost.

Also, that veterinary surgeons be appointed to the army with the rank of full surgeons, and also in the Agricultural Department.

Dr. Otis moved as a substitute that the first clause relating to appointments of veterinary surgeons to the United States army be stricken out, and that the Government appoint a veterinary surgeon to the Agricultural Department, with a suitable salary. Adopted.

The hour for special business having arrived—

Dr. Storer, of Boston, moved, upon behalf of the Gynecological Society of that city, that the action of the Association in 1869, condemnatory of cards by specialists in journals of a strictly medical character, should be rescinded upon the ground of abstract right and long custom with reference to the insertion of such cards. Tabled.

A resolution was offered that a committee of three be appointed to wait upon Congress and request them to regulate the quarantine laws. Adopted.

The report from the delegate to the Canadian Medical Association was received and referred to the Committee on Publication.

Dr. Stewart, District of Columbia, offered a resolution that gentlemen not members of the Associa-

tion were not eligible to serve on its committees. Tabled.

A resolution was offered regulating the duties of superintendents of hospitals. Adopted.

A resolution was offered that as certain so-called medical works had been published which were injurious to the reputation of the profession,

Resolved, That any person signing his name as author of such work shall be refused membership in this association. Adopted.

Dr. Toner, of the District of Columbia submitted, a tabular statement, giving the representation in the American Medical Association since its formation, from the various societies and institutions, etc., throughout the country entitled to such representation, embracing much valuable and interesting information, which, after being read, was referred for publication.

It was resolved that at the future meetings of the Association a dinner should be given on the third day of the convention, at the expense of the members eating the dinner.

Dr. Mussey, of Ohio, offered the following :

Resolved, That that clause in the by-laws which provides that every alternate meeting of the Association be held at Washington be repealed, and that in the future the place of meeting should be determined at each session of the Association.

The resolution was concurred in.

Dr. Curwen, of Pennsylvania, then read an interesting report on the treatment of the insane, which was received and referred to the Committee on Publication.

Dr. White, of Buffalo, offered a resolution recommending to the several medical schools of the country the establishing of chairs of Psychology, for the treatment of mental diseases. Adopted.

The Committee on Prize Essays submitted a report, which was adopted.

A resolution was offered that a committee be appointed to report what, if any, legislative means could be taken to prevent the spread of epidemic diseases? Adopted.

Dr. C. C. Cox inquired if the Committee on Ethics would make any further report on the weighty matters before them.

Dr. Antisell called attention to a paragraph from the *Chronicle* of yesterday morning, charging the Committee of arrangements with certain actions that should be denounced by the Association. He denied the charges and asked the Association to sustain the committee in its actions.

On motion, it was decided to postpone the further consideration of the subject until after the report of the Committee on Ethics had been received.

Dr. N. S. Davis, of Illinois, then submitted, on behalf of the majority of the Committee on Ethics, the following

REPORT.

It appears that the matters reported to your Com-

mittee of Registration, and so much of the action of the majority of same committee as relates to the same subjects, embraces the three following subjects :

First. A charge that the majority of the Registration Committee had refused to register the delegates presenting credentials from several societies, colleges, and hospitals in the District of Columbia which claimed the right to representation.

Second. Direct charges against the Washington Society and the Medical Association of the District of Columbia, accompanied by a protest against the admission of delegates from those bodies.

Third. Direct charges, which had been lodged with the Committee of Registration, against the National Medical Association of the District of Columbia, accompanied by a protest against the registration of delegates from that society and from such other institutions as were supplied with medical officers who were members of that society.

In regard to the first charge, your committee find on investigation that the Registration Committee have duly registered all the delegates from all the medical institutions claiming representation in the District of Columbia in accordance with the usages and by-laws of the Association, except the Medical Society of the Alumni of Georgetown College, the National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital, these being the institutions included in the charges already mentioned in the third specification.

It remains, therefore, only to consider the second and third specifications, and your committee ask leave to report on these separately. In relation to the second we unanimously recommend the following resolution :

Resolved, That the charges offered by Dr. Reyburn, as a minority of the Committee on Registration, against the Medical Society and the Medical Association of the District of Columbia, are not of a nature to require the action of the American Medical Association, the first charge referring to a duty imposed on the society by an act of Congress, and the second referring to a matter which does not come in conflict with any part of the code of ethics.

Resolved, That so far as relates to the Medical Society of the Alumni of Georgetown College, it has been shown to us that the society has sixty resident members, and is therefore entitled to six delegates instead of as requested by the committee.

In regard to the third proposition relating to the National Medical Society, Howard University Medical College, the Freedmen's Hospital, and the Small-pox Hospital, we recommend the following :

Resolved, That the duties of the Committee of Arrangements, so far as relates to the registration of members is purely clerical, consisting in the verification of the certificates of delegates and a report on the same. If credentials in proper form are presented from any society or institution professing such few as would place it *prima facie* in the list of institutions enumerated in the constitution of the Association as entitled to representation, but against which charges have been made or protests presented, the names of the delegates presenting

such credentials, together with the charges or protests in the possession of the committee, should be represented to the Association for its action.

Resolved, That the charges lodged with the committee of arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no member of the society should be received as delegates at the present meeting of this Association.

N. S. DAVIS,
H. F. ASKEW,
J. M. KELLER.

Dr. Alfred Stillé, of Pennsylvania, then submitted the following as a

MINORITY REPORT.

The undersigned, members of the Committee on Ethics, while subscribing to the greater portion of the report of the majority, feel it their duty nevertheless to dissent from the final resolution recommending the exclusion of the members of the National Medical Society of the District of Columbia from the present meeting of this Association; they offer, therefore, in lieu of that resolution the following:

WHEREAS, The institutions excluded from representation by the action of the Committee on Credentials, viz: The National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital are regularly organized as the constitution of the Association requires; and whereas, the physicians so excluded are qualified practitioners of medicine who have complied with all the conditions of membership imposed by the Association; and whereas, in the judgment of the undersigned no sufficient ground exists for the exclusion of such institutions and physicians from this Association; therefore,

Resolved, That the institutions above named are entitled to representation, and that the physicians claiming to represent them are entitled to seats in the American Medical Association.

ALFRED STILLÉ,
J. J. WOODWARD.

Motions were made to accept and reject the different reports, when, amid the greatest excitement, the yeas and nays were called for.

Dr. Howard, of the District of Columbia, asked who of the District were entitled to vote.

The Chair then decided that those gentlemen were entitled to vote who had been unanimously admitted by the Committee on Ethics.

Dr. Cox endeavored to speak but, amid cries of "Sit down," was forced to desist.

An appeal was taken from the decision of the Chair, which was not sustained, the vote being 115 for and 90 against.

The secretary began to call the roll upon the question of laying the minority report upon the table about 1.30 and continued until 2 o'clock, when the secretary announced the vote—yeas 107, nays 85. The minority report was accordingly tabled.

The greatest excitement prevailed throughout the calling of the names.

A motion was made to adopt the majority report.

Dr. C. C. Cox, of Maryland, then addressed the Association, protesting against its action in rejecting the minority report, and gave a brief history of the origin of the differences of opinion now existing among the several societies of the city. Dr. Cox, during his address, was frequently called to order.

The question on the adoption of the majority report was then called, but it was thought to be unnecessary, as the rejection of the minority report adopted it.

In the evening the Association visited the Capitol for the purpose of seeing the dome lighted. Association *en masse*, then called upon Mayor Bowen, filling the entire house to such an extent that anything more than a formal reception was impossible. The evening, however, passed off very pleasantly.

FOURTH DAY—FRIDAY, MAY 6.

The Association assembled at 9½ o'clock, Professor Geo. Mendenhall in the chair, and Dr. W. B. Atkinson, secretary.

A resolution was offered by Dr. J. J. Woodward, United States army, that the Surgeon-General be requested to authorize Dr. Woodward to make copies of his photo-microscopic slides, to be distributed at a fair price to such medical colleges and institutions as may desire their use. Adopted.

The Committee on Ethics reported favorably on the credentials of the delegates from the Women's Medical College and Women's Hospital, Philadelphia.

Drs. Hartshorn, Bell, Davis, Maddux, and Cohen participated in the debate, after which the matter was indefinitely postponed.

Dr. Palmer, of Maine, offered a resolution of inquiry as to why the Howard Medical College had been excluded from admission in this Association, stating that the institution had been chartered by special act of Congress, and was recognized all over the country as a first-class college.

A discussion took place on the adoption of the resolution.

Dr. N. S. Davis, of Illinois, said if the resolution was withdrawn he, as chairman of the Committee on Ethics, would give his reasons in writing why the institution was excluded.

The resolution was withdrawn.

Dr. R. J. O'Sullivan, of New York, then offered the following:

Whereas apothecaries are accustomed to renew medicines prescribed by physicians without due authority from the physician, thereby doing much injury to patients, and by which many lives have been destroyed; and as apothecaries are unwilling to discontinue the practice except by a general action: therefore

Resolved, That this Association take such action as will bring about the discontinuance of the practice.

Referred to a special committee, consisting of Dr. O'Sullivan, Chairman; Garrish, of New York, Moore of Missouri, Thoror of Massachusetts, and Charles Woodward of Ohio.

A protest against the adoption of Dr. Pinkney's report of the medical corps of the navy was submitted, by Dr. P. S. Wales, U. S. N. and after some debate was laid on the table, and the whole subject referred to a committee of three, to report at the next meeting of the Association.

The Committee on Ethics made reports on several cases relating to charges against individuals and colleges in the different States, and they were referred to appropriate committees.

Dr. Hartshorn, of Philadelphia, offered a resolution that the constitution be so amended as not to exclude women from membership of this Association. Laid on the table.

Dr. Powell, of Atlanta, Ga., offered a resolution that the Association do not recognize any college or institution against which charges are pending.

It was opposed by Dr. Reyburn, of the District of Columbia, and advocated by Dr. Powell, after which it was laid over, under the r^u'es.

Dr. Lee offered a paper on insane institutions; which was referred to the Committee on Publication.

A paper on epidemic diseases was read and referred.

A vote of thanks was tendered to Mayor Bowen for entertaining the Association at his residence on Wednesday night.

A motion was made that the next meeting of the Association be held in San Francisco, California.

A resolution declaring Dr. Horace Wells, of Boston, to be the discoverer of anæsthesia, was adopted.

A resolution of thanks was tendered to Dr. Mendenhall for the able manner in which he has presided over the deliberations of the Association.

Dr. John Sullivan, of Massachusetts, offered the following:

Resolved, That no distinction of race or color shall exclude persons claiming admission to this Association who are duly accredited thereto.

During its reading the speaker was met with a storm of hisses, which compelled him to stop. Cries of "go on," "go on," were heard, and he said he would do so when the serpents became quiet. He then finished his reading, and was allowed to speak seven minutes.

During the delivery of the above speech, great confusion reigned, and had it not been for the persistent efforts of Dr. Yandell, of Louisville, Kentucky, at one time surgeon-in-chief of Gen. Kirby Smith's army, Dr. S. would not have been able to have concluded his remarks. During their delivery Dr. Yandell appealed to the sense of the convention to allow him to proceed, stating that he was a Southern

representative, but that he desired fair play, and trusted that Dr. Sullivan would be heard.

Upon the conclusion of Dr. Sullivan's remarks, Dr. N. S. Davis, of Chicago, read the following

REPORT OF THE COMMITTEE ON ETHICS.

In reply to the resolution of the Association calling upon the majority of the Committee on Ethics for the reason why they in their report exclude the delegates from the Medical Department of Howard University, they respectfully state that there is nothing in the report which directly excludes delegates from the said University or any other medical institution in the District of Columbia, except the National Medical Society.

The resolution on this subject, reported by the committee, is in these words.

Resolved, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no members of that society should be received as delegates at the present meeting of the Association."

It will be seen that the only parties excluded from admission as delegates at the present meeting are the members of the National Medical Society. If the Medical Department of Howard University had chosen to send any delegates who are not members of that society there is nothing whatever in the report to prevent them from being received.

In the papers referred to your Committee on Ethics were a list of charges with specifications in the usual form against the registration of the National Medical Society. These charges may be clearly stated as follows:

1. That said National Medical Society recognizes and receives as members medical men who are not licentiates, and who are acting in open violation of sections 3, 4, and 5 of the law of Congress constituting the charter of the Medical Society of the District of Columbia.

2. That a large part of the members of the National Medical Society are also members of the National Medical Association of the District of Columbia, and are openly and freely violating the rules and ethics of the association to which they have subscribed.

3. That they have both in its capacity as a society, and by its individual members, misrepresented the action of the Medical Society and the Medical Association of the District of Columbia, and used unfair and dishonorable means to procure the destruction of the same, by inducing Congress to abrogate their charter.

Each and all of these charges were, in the opinion of the majority of your committee, fully proved by the members of the National Medical Society themselves, who appeared voluntarily before your committee as witnesses. Therefore, if we have any regard to the maintenance of the laws of the land or the ethics of our medical organization, the undersigned could not come to any other conclusion than was expressed in the last resolution recommended by the majority of the Committee on Ethics.

At the conclusion of its reading Dr. Reyburn rose to reply, when he was called to order as not being a member. He was, however, permitted to speak five minutes. He said he never had violated the code of ethics, and when the colored men applied for admittance to the college to which he belonged, he offered a resolution providing for

their admission. He did not think they should be excluded on account of color.

His resolution was not received, and he withdrew from the Society, and was one of the leading members in organizing the National Medical Society. If this was a violation of ethics, then he had violated the code. He was placed as Chairman of the Committee on Credentials last year at New Orleans, and when he was prepared to make his report at this session he was most shamefully treated by the Committee of Arrangements.

Dr. Antisell disclaimed the assertion made by Dr. Reyburn, that he had been treated shamefully.

Dr. Loomis, of the District of Columbia, said he was a member of the faculty of Medicine of Howard University, and he could see no reason why he was excluded. He then offered a resolution to the effect that members of the Committee on Ethics who signed the majority report be censured for so doing.

The resolution was laid on the table.

Dr. Johnson, of the District of Columbia, President of the Medical Society of the District of Columbia, then proceeded to give a detailed history of the difficulties existing in the local societies. He also stated that Dr. D. W. Bliss had violated the rules of ethics by having his name printed on a bill of fare at Willard's Hotel.

Dr. Bliss denied its having been placed there with his knowledge.

Drs. Johnson, Busey, and Marbury sustained the charge by statements.

After which Dr. Busey replied to certain statements of Dr. Johnson, and read the sixteenth rule of the Code of Ethics, showing that the code had been violated in the attempt to force the colored man upon the society. This was what had caused all the trouble. Dr. Borrows had been instrumental in bringing about the color difficulty. He denied that politics was the cause of the difficulty, as had been stated by Dr. Cox.

The vote was then taken on Dr. Sullivan's resolution, and it was tabled by a vote of 106 yeas to 60 nays.

Dr. H. R. Storer, of Boston, offered the following:

That, inasmuch as it has been distinctly stated and proved that the consideration of race and color has had nothing whatever to do with the decision of the question of the reception of the Washington delegates, and inasmuch as charges have been made in open session to-day distinctly attaching the stigma of dishonor to parties implicated, which charges have not been even denied by them, though present, therefore,

Resolved, That the report of the majority of the Committee on Ethics be declared as to all intents and purposes unanimously adopted by the Association.

The resolution was adopted by a vote of 112 yeas to 37 nays.

The Association then adjourned *sine die*.

MEDICAL BOARD OF EASTERN DISPENSARY, NEW YORK.

STATED MEETING—APRIL 12TH, 1870.

DR. R. J. O'SULLIVAN, PRESIDENT, in the Chair.

DR. HENRY RAPHAEL read a paper on

Dry Catarrh of the Bronchi in Children,

as described by Prof. STEINER, of Prague. He illustrated the paper by one case of his own.

Dr. Steiner met with the disease most frequently among children living in dark, damp, illy-ventilated apartments. The symptoms, as he described them, are dyspnoea, resembling asthma; cough frequent, short, hacking, perfectly dry and whistling, recurring in paroxysms of from a few seconds to several minutes duration; entire absence of expectoration; the chest somewhat tympanitic on percussion; the breathing rough and vesicular, with dry rhonchi but no mucous rales. The temperature of the skin is normal, though the pulse often rises to 148 per minute. The disease is obstinate, running its course slowly, and accompanied with great emaciation. Convulsions and symptoms of hydrocephalus finally ensue, and death almost invariably follows. The autopsy discloses great swelling of the mucous lining of the bronchi, and, more or less, emphysema. The indications of treatment are to palliate the cough and dyspnoea, to establish the secretions and to remove the swelling of the bronchial mucous membrane. Narcotics are relied upon to control the cough. The secretions are promoted by alkalies, especially in the form of mineral waters. Counter-irritants and cod-liver oil are found useful in removing the thickening of the mucous membrane of the bronchi.

In the discussion which followed the reading of this paper, Dr. O'Sullivan, in reply to an inquiry as to what the proper name of this disease should be, remarked that the best authorities were agreed that its true name was bronchitis. Its name, however, is of secondary importance. He regretted that Dr. Steiner had not been more explicit in his description of the part of the membrane affected, as the symptoms he described were, in his opinion, applicable to a more advanced stage of the disease, where the complications referred to may supervene. As to the existence of emphysema and tympanitic resonance he had never observed them when the congestion was confined merely to the upper portion of the tubes. Here the resonance scarcely varies from that of the normal standard, and emphysema does not supervene unless the congestion extends by continuity to the lower branches of the bronchi, and has continued for some time. Aside from the complications referred to, the inquiry seems pertinent as to whether we have a distinct disease or merely a stage of the disease. This should be determined at the outset, as it has an important bearing on the

treatment. If the inflammation is located in the upper portion of the tubes, which the physical signs as described by the author seem to indicate, very little if any febrile action. Congestions of this portion of the mucous membrane are usually of very brief duration. This may be seen, for example, in the Schneiderian membrane where irritation and swelling is rapidly followed by free exudation. The same result takes place when the congestion extends to the upper portion of the bronchi. The most serious as well as the most frequent complications are laryngitis and meningitis.

Among the exciting causes may be mentioned the overcrowded and imperfectly ventilated apartments of the poorer classes, which are likewise either excessively hot or cold. Climatic causes should also be considered. Easterly winds, with a moist atmosphere, are frequently the cause of irritation and congestion of the air passages. Simple expectorants will generally suffice for the treatment of cases in which the larger tubes are involved, but when the disease has reached the finer branches, or, in other words has assumed the form technically known as capillary bronchitis, both the rational and physical signs indicate very grave constitutional disturbance. The practice of leeching children in cases of this kind cannot be too strongly discountenanced. When depletory treatment of this character is resorted to, the patient is quite as likely to be destroyed by it as by the disease itself. He could say with a clear conscience that he had never leeches or blistered his little patients. The oil-silk jacket and poultice, combined with a decided sustaining treatment, had produced in his hands the very best results, and especially had this been the case when meningeal congestion had threatened.

Dr. H. L. B. HARTT next read a paper on Albuminuria, which mainly comprised the history of several cases which had come under his own observation. After some general preliminary remarks, the history of the following cases was given at length:

CASE I.—Edward G., aged 38. Was first seen on Friday, Dec. 10th, 1869. He was suffering from a series of severe uramic convulsions which had commenced the night before. He had considered himself in comparative health until within three weeks of the above date, when he was obliged to discontinue work on account of severe persistent pains in the head. There was also slight oedema of the lower extremities; the pulse was 140. A convulsion occurred while the doctor was present. Ordered leeches to the temples, elaterium and active diuretics. Dec. 11th, consciousness slowly returning; bromide of potassium ordered. Dec. 12th, consciousness restored; his memory is very much impaired; recent events entirely forgotten; the urinary secretion very scanty. About this time an effusion into the left pleural cavity occurred, causing

complete dullness on percussion, much dyspnoea, and preventing the patient from lying on either side; persistent vomiting ensued with nearly total suppression of urine; there was no return of coma or convulsions; death by asthenia on the 24th. This is somewhat exceptional in cases in which coma and convulsions have existed. Unfortunately a post-mortem examination was not obtained. The symptoms, however—coma and convulsions with scarcely any oedema; the occurrence of pleurisy and the persistent vomiting—point to the contracted kidney as the particular form of Bright's disease existing in this case.

CASE II.—L. W., aged 16. This patient was under treatment for diphtheria from the 10th to the 18th of November, 1869. It was of a mild form, and recovery was complete. About three weeks afterwards the patient's mother noticed a slight swelling of the eyelids, which led to the suspicion of acute desquamative nephritis. Shortly afterwards a microscopical examination showed epithelial and granular casts. The urine contained an immense quantity of albumen. The daily amount of urine averaged about 24 ounces. Vomiting was an occasional symptom. At times the quantity of urine excreted in 24 hours fell to eight or twelve ounces. There was slight oedema of the face and lower extremities throughout, while the quantity of albumen was large. This is somewhat unusual, the amount of dropsical effusion being generally somewhat proportional to the amount of albumen. The pulse ranged from 90 to 100. Feb. 1st, condition nearly the same as on Dec. 15th. The treatment was chiefly tonics, diuretics, counter-irritation, especially over the right kidney, where there was decided tenderness on pressure. Feb. 8th, there was a severe attack of vomiting, accompanied with a pulse of 130, which remained at that point for several hours, while the urine, hitherto scanty, was found to be nearly solid with albumen. The patient is still (April 15th) in nearly the same condition, the oedema somewhat increased. The attack of diphtheria and the sudden onset of symptoms pointing to the kidney, inspired at first the hope that the disease was acute, and would yield in a few weeks. This hope was strengthened by the smoky appearance of the urine showing the presence of blood. The small amount of oedema, however, together with the persistence of the disease and the existence of granular casts, make it extremely probable, at least, that the degenerative changes took place at an early stage. This is probably one of those cases in which the acute passes into the chronic form, or rather, where the latter is developed from the irritation produced by the diphtheritic poison. The grandparents of the patient, on the mother's side, both died of tuberculosis, as also several uncles and aunts. A sister died of Bright's disease at the age of 20. There is strong reason to

believe that a brother died from it also, but the urine was not examined, the physician not suspecting the disease.

CASE III.—Thomas P., aged 9. This was a common case of nephritis following scarlatina. The same form of casts were observed as in the last case, viz: granular and epithelial. They were both under observation at the same time. This child is not quite well.

CASE IV.—Thomas D., aged 4. First saw this child Jan. 3rd, 1870. Suffering from a convulsion; had a similar one a few hours before. He had eaten a large quantity of fruit cake on New Year's day. The first attack was preceded by slight fever and vomiting; gave a warm mustard bath and a purgative, and hoped to find him well on the next day. Instead, however, the head symptoms continued—drowsiness, restlessness, with a pulse of 130. Notwithstanding active treatment, the child passed into a semi-comatose condition, and on the fifth of June a consultation was held. The pulse had then fallen to 84; skin cool; very restless; tossing the arms; noticing nothing, and refusing to be aroused; the pupils contracting under the influence of light and expanding again without the stimulus being removed. The symptoms were bilateral. There was no paralysis. This condition indicating a general brain poisoning or irritation, and not a meningeal extravasation or effusion, it was decided to examine the urine; it was decidedly albuminous; ordered 1-12 gr. elaterium every hour until free purging was produced, and ten grains of bromide of potassium every two hours until the child was quieted, and afterwards half doses. The next day found the child quiet; consciousness slowly returning; protruded the tongue when ordered to do so. Prescribed potass. acet. and a hot air bath. 9th.—Spoke for the first time; urine nearly free from albumen. 10th.—Nearly well. In all probability this child would have died had the true nature of the disease not been discovered. It strikingly illustrates the importance of an examination of the urine in many cases of convulsions in which there are no other obvious symptoms of kidney disease.

CASE V.—Eliza C., aged 37, married. Saw her on the 10th of January, 1870; she was suffering from very great dyspnoea. There was excessive cedema of the lower extremities. Pulse, 120, and irregular. Auscultation showed a loud mitral regurgitant murmur. There was infiltration of the left lung. She was confined in August last with a still-born child. Since the middle of the eighth month of utero-gestation she has been unable to lie down; has suffered much from dyspnoea on the slightest exertion; has been almost constantly under medical treatment for bronchitis. Ordered $\frac{1}{4}$ gr. of elaterium every hour until free purging is produced.

Jan. 11th.—Examination of urine shows a large quantity of albumen. Has taken five doses of elaterium (14grs.), producing very free watery discharges. During the week she took nearly 4 grains of elaterium, which produced about 23 quarts of liquid discharges. Is able to lie down for the first time for six months. Ordered infus. digitalis, 3j., and syr. ferri iod., gtt. x., three times a day. Was remarkably relieved from palpitation after the first dose.

Jan. 13th.—Left arm enormously cedematous; right arm not affected.

Jan. 17th.—Quite comfortable; scarcely any albumen in urine.

March 3d.—Has been out several times. Does light work, as writing, sewing, ironing, &c.

March 19th.—Menses returned.

April 1st.—Took cold and had a slight return of former symptoms. She has taken altogether, since January 10th, between 6 and 7 grains of elaterium.

The various diseases involving degeneration of the substance of the kidney are no doubt often hereditary, perhaps nearly as frequently so, as tuberculosis. This hereditary tendency has been referred to in case No. II. It would be well to make inquiries in future cases with reference to this point. Nearly the same treatment should be resorted to in both these affections, viz: Tonics, preparations of iron, cod liver oil, and in many cases stimulants. While both diseases are in the strictest sense incurable, much may be done, especially if an early diagnosis is obtained, to prolong life and stay the progress of the malady. With regard to counter irritation, while it will not of course restore a fatty, or waxy, or contracted kidney, it will, if judiciously employed, do much good by relieving the frequent congestion or hyperemia which aggravates the disease. Just as attacks of bronchitis occurring in cases of tuberculosis are corrected by it. Diuretics have always been employed whenever the urinary secretion was scanty, and have never seemed to irritate the diseased organs.

R. B. PRESCOTT, M. D., Asst. Sec.,
Med. Board of East Disp.

MEDICAL SOCIETY OF THE EASTERN DISTRICT BROOKLYN.

LECTURE BY E. GROUT, M. D.,

A special meeting of this society was called on the evening of the 28th, ult., to listen to the interesting demonstrations and experiments of Eugene Groux M. D., in relation to the anatomy and physiology of the heart. Owing to the heavy storm occurring shortly before the appointed hour the attendance was comparatively small. The lecturer after alluding to the many conflicting opinions

which prevail with regard to the position of the heart and the cause of the cardiac sounds proceeded to demonstrate upon his own person what he believed to be the correct view in relation to these disputed points. By reason of his congenital fissure of the sternum he is admirably adapted to show by conclusive experiments the nature and action of cardiac locomotion. The first sound of the heart according to Groux is entirely due to muscular action, the second to the closure of the semilunar valves of the aorta and pulmonary artery. The movements of the auricles are synchronous. With regard to the vexed point of the nature of the pulsating tumor seen in the sternal fissure: the Dr. believes it to be the right auricle, differing from Virchow who regards it as the right ventricle.

DR. HARTSHORNE, of your city, in a very elaborate article in the last number of the *American Journal*, sustains the opinion of Dr. Groux, and

any one listening to the very lucid exposition, and witnessing the conclusive experiments of Groux himself, can hardly fail to be convinced of the truth of this view of the nature of the pulsatile tumor. It is now a number of years since the lecturer obtained his medical degree, since which time he has devoted himself to the study of the heart in health and disease, in which branch he has arrived at a marvelous degree of accuracy with regard to diagnosis and prognosis. During these years he has accumulated an immense mass of material bearing upon this specialty in which due time may appear in book form. We regret to be unable to give you any detailed report of the lecture, confessing that our eyes were so busy in following the interesting experiments of the lecturer, that we could not even take down the outlines of his equally interesting remarks. The mere mention of the meeting may perhaps be of interest to your readers and the profession at large. M.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cauterization of the Uterus.

DR. WM. A. GILLESPIE, of Louisa Court House, Va., writes to the October (28th) number of the *Boston Medical and Surgical Journal*, as follows: Much has been said about the difficulties and different plans of cauterizing the internal surface of the *cervix uteri* and of the body of the uterus, and of the dangers of injecting any liquid caustic preparation into it. I am therefore prepared to give a simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body of the uterus. I have practised it repeatedly in a large number of cases, with the happiest results.

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver, which will sink into, and adhere to, the wax. Then through a suitable speculum carry the prepared tent through the cervix, and if desirable, to the fundus, and let it remain twenty-four hours. No remedy in my hands has done more good in as short a time, in chronic inflammation, engorgement, enlargement, or ulceration of the os and *cervix uteri*, and I have never known any unpleasant results from it.

New Staphyloraphic Needle.

Dr. J. T. MATTHIAS, of Vincennes, Ind., has devised the following staphyloraphic needle, which seems well adapted to answer the purpose.

It is a curved canulated needle, as represented in the figure, the curve being an arc of 70° , whose radius is $\frac{1}{2}$ of an inch.

The point and edges of the needle are formed by a bevel at the expense of the concavity of the curve. Through the cannula passes a fine steel spring, whose proximal end is fastened, by means of a thumb screw, to a slide which moves upon the uncanulated portion of the needle, which extends from the proximal end of the canula to the distal end of the handle.

The distal end of the spring, corresponding with the point of the needle, terminates in a small hook, which rests in a little receptacle in the end of the canula, except when it is protruded for the purpose of receiving the suture.

The mode of using the needle is very simple. Having pared the edges of the fissure in the usual manner, and the muscles of the pharynx having been treated as the surgeon may desire, he is to take the following very simple steps:

1st. Commencing at the top of the fissure, and on the left side, pass the needle through the lip of the fissure from before backward.

2d. With the thumb upon the slide, protrude the spring, which recurves and passes forward through



the fissure, and exposes the little hook on its end to the plain view of the surgeon.

3d. Arm the hook by means of a loop formed at the end of the suture (silk) taken in a pair of forceps, and then thrown over the hook on the end of the spring.

2th. By means of the slide, retract the hook holding the loop of suture, to its position in the little receptacle in the end of the canula.

5th. Withdraw the needle from the palate and from the mouth, and leave both ends of the suture hanging out of the mouth.

The deposition of the suture on the left side is now complete.

The steps for the right side are the same as for the left, using the precaution not to form the loop on the same end of the suture for both sides of the fissure.

The main advantage gained by the needle here presented is the much easier location of the suture in the second lip of the fissure, at the same time preserving the same level for both ends of the suture because the needle is passed from before backward, giving the surgeon an opportunity to see the exact position of the point as it enters the palate. This can be done with no needle which is armed before its introduction, without twisting the lip of the fissure out of its natural position.

After having placed the several sutures *in situ*, if the surgeon prefer the silver suture before the silk and perforated shot, he can, with a loop on the end of the silver wire, attached to the silk, draw it through, and thereby substitute the silver for the silk.

Retracted Nipple.

At a meeting of the Boston Obstetrical Society in October (reported in the *Boston Medical and Surgical Journal*) In answer to a question from Dr. Lyman, Dr. Reynolds said that with most nipples he thought the best way of "drawing the breast was to use Thier's pump; called the "tétrelle Thier."

Dr. Abbot thought that a most important point in such procedures was to fit the nipple.

Dr. Putnam said that an instrument which alternately produced a vacuum and relaxed the nipple, was very successful.

DR. LYMAN described the manner in which the child's tongue "strips" the nipple between its tongue and upper jaw, as a milker strips the cow's udder with his fingers. He had observed the operation in the mouth of an infant with hare-lip. He also related the case of a woman whose nipple was so poorly developed as to be apparently on a level with the breast. After confinement the breast could not be evacuated; the consequence of which was an excessively troublesome abscess. In her next pregnancy

the plan was adopted of breaking off the neck of an ordinary wine-bottle (with smooth lips), and binding it on to the breast in such a manner that the circular rim of glass pressed upon the areola around the base of the nipple. This was done for ten days preceding confinement, and the result was most satisfactory. Not only was a deep circular depression made around the nipple, but the latter became more elevated; and the success of the experiment was established by the ease with which the child when born accomplished the act of sucking.

Reviews and Book Notices.

NOTES ON BOOKS.

Orange Judd & Co., of New York, send us a little work that will be of interest to those of our readers who have farms, large or small, and who raise their own pork. Harris on the pig, by Joseph Harris, is an illustrated book of 250 pages, 12mo., well printed on good paper. Price \$1.50. For sale by J. B. Lippincott & Co.

The Sixth Annual Report of the Board of State Charities of Massachusetts, makes a compact volume of 306 octavo pages, and bears most gratifying testimony to the philanthropic energy of the gentlemen who are on the Board. Their suggestions and comparisons on the distribution of the public funds to charitable objects are judicious and instructive, and we hope other States will be equally forward in such good work.

The first number of the first volume of the Archives of Ophthalmology and Otology, edited by Professor A. Knapp, of New York, and Prof. S. Moos, of Heidelberg, (New York, W. Wood & Co.) contains a series of thoroughly worked up articles, which will be found well worth perusal by all who intend to keep themselves au courant of those departments of medicine.

We have received an anonymous pamphlet from Hartford, entitled: "Dr. Wells, the Discoverer of Anaesthesia," containing a well engraved portrait of Dr. Wells, and sixteen pages of text, vindicating his claims. A great deal of credit—though not quite that of discovering *anaesthesia*—is due Dr. Wells, and we are glad to see this appropriate tribute to his memory.

Allied to the same subject is a reprint from the *Medical Examiner* of Chicago, entitled "the relative dangers of anaesthesia by Chloroform and Ether," from statistics of over two hundred thousand cases, by Prof. E. Andrews, of the Chicago Medical College. His results are most favorable to nitrous oxide, least to chloroform, in administering which there seems to have been about one death in 2750 administrations.

An article of great practical value on Spinal Irritation, by Prof. Wm. A. Hammond, M. D., has been reprinted from the *Journal of Psychological Medicine*, for April.

Dr. GEO. H. LAWRENCE, long known as the resident physician at the Hot Springs, Arkansas, is about publishing a work, entitled "A Treatise on the Waters of the Hot Springs of Arkansas, A guide for invalids." It will no doubt be an exhaustive work, as the author has had unequalled facilities for experience.

BOOK NOTICES.

Obstetric Operations, including the Treatment of Hemorrhage. By Robert Barnes, M. D., F. R. C. P., etc. With additions by Benjamin F. Dawson, M. D., etc., etc. New York: D. Appleton & Co. 1870. 1 vol., 8vo., cloth, pp. 483. For sale by Lindsay and Blakiston.

The reputation of Dr. ROBERT BARNES is so widespread as an expert obstetrician, that this work from his pen will be sure to find a favorable reception in this country. It is precisely such a reference book as the practitioner requires to refresh his memory on the various resources there are for relieving unnatural labors. It treats very fully of the forceps, the lever, version, cephalic and podalic, craniotomy, cesarean section, induction of premature labor, uterine hemorrhage, placenta previa, and kindred subjects. The directions are lucid, and are illustrated by excellent engravings.

The work is edited from the London edition by Dr. DAWSON, who sandwiches into the text scraps from lectures and American text books in no very skillful manner, places his own name on the title page with more titles appended than the author himself, and dedicates the whole to a friend! It is about time that such execrable taste be discounted in this country.

The publishers have done their portion of the work admirably.

A Practical Guide to the Study of Diseases of the Eye, their Medical and Surgical Treatment, by Henry S. Williams, A. M., M. D. Third Edition, revised and enlarged. Boston: Fields, Osgood & Co. For sale by Turner & Co. 1 vol., 12mo., cloth, pp. 422.

The third edition of this popular and convenient manual has been demanded not long subsequent to the second. The author has taken advantage of the intervening time to bring the work up to the present position of ophthalmological science. It may now be regarded as the most complete, handy, and reliable manual on the subject in the market. Its typographical appearance, binding, and paper, are all neat and praiseworthy.

A Physician's Problems. By Charles Elam, M. D., M. R. C. P. Boston: Fields, Osgood & Co. 1869. 1 vol. 12mo. cloth, pp. 400.

It is an excellent sign when able physicians lay off

for a while the harness of daily practice, and set themselves to apply their knowledge of man's nature to the solution of some of the great problems of history and sociology. This Doctor Elam has done in the work before us, and done it creditably. We might, indeed, have wished for more originality of execution, that is, that he would have written more and quoted less, but if he does not digest quite as thoroughly as we would desire, the material he has accumulated, he has certainly collated carefully.

The problems he investigates are: natural heritance, in which he takes strong grounds for the transmission of moral as well as physical qualities; degeneration in man, where he forcibly exhibits the causes of the degradation of the race; moral and criminal epidemics, a most suggestive study, body and mind; the demon of Socrates, in which he justly defends the sanity of this philosopher; the amulet of Pascal; somnambulism; revery and abstraction.

Dr. Elam's style is pleasing, and he has so chosen his topics that we venture to say there is no intelligent man that will not read at least one of his essays with deep interest. Physicians especially can derive real delight from them.

Transactions of the Medical Society of the State of New York for the year 1869, Albany, 1869.

As usual, these transactions come to us laden with a number of valuable original essays, highly creditable to the scientific activity of the profession in our sister State. Among them we may mention Dr. ROBERT NEWMAN's Report on Consanguineous Marriages, the result of which we gave in a previous number of the *REPORTER*; a well illustrated essay on Acupressure, by Dr. JOSEPH C. HUTCHISON; some cases showing the virtues of Apocynum Cannabinum in Dropsical Affections, by Dr. HARVEY JEWETT; articles on Trichina Spiralis, by Dr. E. R. HUN, and on Glaucoma, by HENRY D. NOYES, M. D.; some very entertaining sketches of Medical and Surgical experiences in Asia Minor, by HENRY S. WEST, M. D.; remarks on the operation of external perineal urethrotomy, by J. W. S. GOULEY, M. D.; on Placenta Previa, by Dr. C. C. F. GAY; a chart showing the influence of impure air and overcrowding in New York, by Dr. WM. FAULDS THOMS; obstetrical statistics by several authors, and a number of obituary notices.

—Dr. Liebreich, the discoverer of chloral, says that chloral and strychnia are mutually opposed in therapeutic action, so that each neutralizes the poison of the other. Doses of chloral sufficient to kill a rabbit were cured by deadly doses of strychnia.

—Dr. Albert Day, Superintendent of the New York State Inebriate Asylum, resigned his position May 10th. Dr. Daniel G. Dodge of Clinton Co. has been appointed to the position.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MAY 21, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

UTILIZATION OF SEWERAGE.

In China and Japan where the population is dense, and every article must be economized in order to support it, excreta of all kinds are carefully preserved and employed in enriching the soil. In this respect those nations offer an example we well might imitate. We annually allow millions of dollars worth of valuable manure go to waste in our cities and large towns for want of proper industry directed to preserving and distributing it in country districts. Plans have been suggested by which the contents of the sewers could be directed to low lying districts, some miles in the country, but great practical difficulties are in the way. Then a number of plans have been recommended for disinfecting the sewerage, the best of which perhaps is the dry earth method.

There is another side to this subject, which comes nearer us as physicians. It is the influence which the present system of drainage and sewerage has on health. Unquestionably, the old plan of carting night soil through the streets, is quite certain to be at once unhealthy and offensive. Since this method has been disused in European cities, a decided improvement is visible in their sanitary condition. It is well known that the dejections in many diseases are peculiarly liable to convey the germ of infection, and hence the vast importance of the subject.

A writer in the *Washington Daily Evening Journal* calls attention to the serious neglect of precautions in this respect in that city; and although we are glad to believe that most

other cities of equal size in this country are better off, yet we know there is abundant room for improvement in many of them.

UNIVERSITY OF PENNSYLVANIA.

The election of Dr. D. HAYES AGNEW to the chair of clinical surgery in this institution has been speedily followed by the creation of six clinical lectureships; the faculty and trustees seeming determined to afford students every possible facility. Clinics are now held daily at 12½ o'clock, as follows:

Monday—Physical Diagnosis, Dr. RHOADS.

Tuesday—Eye and Ear, Dr. STRAWBRIDGE.

Wednesday—General and Oral Surgery, Prof. AGNEW, Dr. GARRETSON.

Thursday—Eye and Ear, Dr. NORRIS.

Friday—Urinary Diseases, Dr. TYSON.

Saturday—Medical Clinic, Dr. PEPPER.

Clinical teaching is so markedly the developmental life of the medical student that we feel happy in being able to offer to the whole class our congratulations on the establishment of such clinics as we well know these will be. Our readers should bear in mind the hour of their services and not neglect opportunities which may offer to visit them. Some of the gentlemen clinicians of this Board are, without doubt, among the most attractive and practical teachers in the city. As was remarked in the *REPORTER* of the 7th, we are particularly glad to see these evidences of fresh force and life in our oldest and most dignified of medical institutions, and we are sure the advantages will be appreciated by preceptors and students.

Survivors of the Battle of Lake Erie.

Dr. H. A. SPENCER, of Erie, Pa., writes: "Benj. Fleming, one of Commodore Perry's men, died in this city on Monday, May 9th, aged 88 years. He was buried May 14th, with military honors. The iron steamer "Michigan" was ordered here from Buffalo to partake in the funeral ceremonies. Mr. Fleming has resided in this city ever since the memorable battle. There is but one more of that heroic band left, Prof. W. T. Taliaferro, M. D., of Cincinnati, a celebrated medical man and a christian gentleman. Long may he live."

—In some of the cantons of Alsatia, it is next to impossible, says a French medical journal, to procure a wet-nurse for an infant whose mother has died in childbirth, the peasants believing that in such cases, for a certain time after death, the mother comes from her tomb at night to suckle her child!

Notes and Comments.

Vermont Medical Society.

The Secretary desires us to say to the many readers of the *REPORTER* in Vermont that the Vermont Medical Society holds its semi-annual session for this year at the city of Burlington, on the 7th and 8th days of June, prox. The session commences on Tuesday at 11 a. m., and closes on Wednesday afternoon.

The programme is as follows: *New Remedies*, Dr. L. C. Butler, of Essex; *Anæsthetics in Midwifery*, Dr. O. F. Fassett, of St. Albans; *Imperfections in present system of Medical Education*, Dr. C. S. Allen, of Rutland; *Uses and Abuses of Opium*, Dr. C. P. Frost, of Brattleboro; *The Thermometer in Medical Practice*, Dr. G. B. Bullard, of St. Johnsbury; *Pathology of Fever*, Dr. E. E. Phelps, of Windsor.

Besides these papers there will be reports of cases in practice, a statistical dissertation on *Consumption in Vermont*, by Dr. Butler, and in the evening of Tuesday an address by Dr. Abraham Harding, of South Hero, Vice President of the Society, on *Improvements and Changes in the Science and Practice of Medicine*.

The members of the medical profession in the State are earnestly invited to attend the meeting, and contribute not only by their presence, but by their written reports of interesting cases in practice, and by participation in their discussion, to the interest of the session.

Return certificates over most of the rail roads of the State will be furnished by the Secretary to all those who attend.

Annual Meeting of the Medical Society of New Jersey.

The annual meeting of the Medical Society of New Jersey will be held in Taylor Hall Building at Trenton, on Tuesday and Wednesday, May 24th, and 25th, commencing at 7 o'clock, P. M., on Tuesday.

WM. PIERSON, JR.,

Recording Secretary.

Orange, N. J., April 20, 1869.

Correspondence.

DOMESTIC.

A Foreign Body in the Uterus.

EDS. MED. & SURG. REPORTER:

I was called April 9th, 1870, to see Mrs. —, a lady of medium size, dark complexion, age 33. She sustains a good character and is regarded as truthful. She has been married twice, and given birth to two children. She had been absent from

her husband about six weeks, and it had been about eleven weeks since she had menstruated. During the past three years her health has been poor, being somewhat irregular; her menses appearing at three, four, and six weeks, and very painful. She was not certain whether she was pregnant or not. She was suffering pains, but not of an expulsive character. The os was dilated slightly, and I could detect what was supposed to be a fetus, but, as the pains were slight, I gave her an anodyne powder and returned home, leaving instructions to call for me when needed. In about thirty-three hours I was summoned to see her again. I found her much the same as when I last saw her, except the os was more dilated. The pains were of no more expulsive character than at my last visit. By manipulation I succeeded in extracting what proved to be a piece of slippery elm bark, about 3 inches long, $\frac{1}{4}$ inch in thickness at the base, and running to a point like a wedge, in a good state of preservation, (presenting with the point at the os.) The os contracted, and I supposed all was right, but in about six hours she had slight pains, and expelled a mass of cotton, a rag, etc., etc.; preservation was not so good. For several days she expelled small quantities of pus, but at this time is doing well. On interrogation as to how they came there, she said on the 9th day of August, 1865, she gave birth to a child weighing 15 lbs., followed by hemorrhage of a severe type. The physician in attendance (a professor in one of our medical colleges,) used the tampon, but could not retain it in position. He then told her he would brace the mouth of the womb together, and in so doing, stop the hemorrhage, and thereupon introduced the above articles.

He instructed her to let them alone as they would come away themselves. She has been afflicted since that time with what she denominated a jagging pain in the region of the ovaries. Coition was almost unendurable. She said she did not know the cause, but had noticed during menstruation for the last year or more, an unnatural and very unpleasant odor.

S. B. POTTER, M. D.

Fredericktown, Ohio.

NEWS AND MISCELLANY.

—Dr. Charles Jean Baptiste Come, one of the oldest medical journalists in France, died recently, at the age of 74 years. He was the founder of the *Abeille Medicale*, which still survives, of *l'Hygie* and of *l'Arc Savant*, both long since extinct. His life was one of turmoil and unrest.

—HERR REDENBACHER, Professor of Chemistry in the University of Vienna, died a few days ago of apoplexy, at the age of sixty. He had been connected with the University since 1839.

—The apothecaries of Paris are greatly exercised because by a recent decree pharmaciens of the second class are allowed in Paris. Hitherto none but those of the first class were permitted to have stores inside the walls.

—There is in Paris an "association against the abuse (not use) of tobacco." Dr. J. Guérin, the distinguished Surgeon is president. They have published eight inquiries to be answered in 1871. One of them is: Are there assignable limits between the use and abuse of tobacco? Another: What is the influence of tobacco smoke on those who do not smoke? The comic paper *Figaro*, commenting on the association, says that no doubt tobacco is a slow poison—the very slowest in the world!

—Precautions are being taken to prevent the spread of cholera by the Mecha pilgrims. The Sultan has sent a commission to found a lazaretto near the straits of Bab-el-mandeb, under the care of a French physician. The cholera is already severe in Persia, and ships from Persian ports undergo ten days quarantine.

—Mother Saint Antoine, who for fifty-eight years has been in constant attendance on the patients in the Hotel Dieu, Paris, has died, aged 83 years.

—Dr. Morpain, of Paris, well-known for his researches in electro-therapeutics, and the French translator of Remak's work, is deceased.

—The rage for vaccination from the cow, which has been very active in Paris for a few months, is rapidly decreasing.

—Dr. Winterbottom, an English Naval Surgeon, lately bequeathed \$139,000 to found a school for the instruction of marines.

—Russia has sent out a numerous commission of savans to study the progress of science in all its branches throughout the civilized world. The medical body is well represented.

—Forty-four "physicians" pay tax in Atlanta, Georgia.

QUERIES AND REPLIES.

Spermatorrhœa.

MESSESS EDITORS:—I want to ask the readers of the *REPORTER* what to do with cases of spermatorrhœa? I do not mean ordinary ones—nightly emissions—but the real old aggravated ones occurring in hypochondriacal old bachelors?

For instance, I have a case—a man, et. 37, nervous temperament; occupation, a druggist; thinks he has had spermatorrhœa for several years; has been under several plans of treatment from both regular physicians and quacks; has had his urethra cauterized with nitrate of silver according to Lallemand; has a peculiar propensity for reading medical literature; his chief complaint is now that the caustic was used too severely, and produced an ulcer or a number of ulcers that have never healed, and he is distracted to find something that will heal those ulcers, real or imaginary.

Any suggestion that there are no ulcers there he treats with contempt. He knows that there are ulcers there, and thinks the profession ought to know enough to heal them. If they were healed he would be all right. He wants to marry but knows he is not in a proper condition. I have endeavored to encourage him; have told him to let him-

self alone, to let medical works alone, and to let medicine alone; but all to no effect, "those ulcers must be healed." Now will any reader of the *REPORTER* who has had any experience in such cases, (and who has not?), tell me what can be done for this man? A. O. A.

May 9, 1870.

The U. S. Pharmacopœia.

Dr. S. R. K., of Md.—The last edition of the U. S. Dispensatory was published only a few months ago. The U. S. Pharmacopœia will be revised and re-edited during the current year.

Hypodermic Syringe.

Dr. J. W. T., of Ky.—A first class hypodermic syringe will cost you \$3.00.

Dr. C. R. P.—The formula on p. 281, current volume of the *REPORTER* refers to the tincture of aconite root.

Infantile Gonorrhœa.

MESSESS EDITORS:—I noticed in last copy of *REPORTER*, 30th of April, an account of gonorrhœa in child of 3 years. I have a case of the same kind in a child of 1 years of age. I could not find the account of the case referred to in *Compend*, vol. 5, would like to know how to treat it, and see if I am right. MAC.

The case referred to is in the *HALF YEARLY COMPENDIUM*, Part IV., p. 104.

MARRIED.

BIGELOW—HOUGHTON. In Guilford, Vt., April 27th, Geo. F. Bigelow, M. D., of Boston, and Miss Rebecca G. Houghton, of Guilford.

COLLINS—JONES. April 28th, in Philadelphia, by the Rev. J. J. Pomeroy, Bvt. Lt. Col. James Collins, M. D., and Miss Lizzie Jones, both of Philadelphia.

COTTRELL—WOLF. April 28th, by the Rev. Samuel Laird, W. P. Cottrell, of Columbia, Pa., and Miss Agnes M., eldest daughter of Dr. B. A. Wolf, of Birmingham, Penna.

JOHNSON—PARSONS. In Farmington, Me., by Rev. A. R. Sylvester, Ebenezer S. Johnson, M. D., and Miss Georgia Parsons, both of Farmington.

DIED.

BECKWITH. At Riverdale-on-Hudson, at the residence of his son-in-law, Henry F. Spaulding, on the 8th inst., John Beckwith, M. D., aged 83 years.

BLAKEMAN. In New York, May 11, Helen Rodgers, wife of Dr. William N. Blakeman.

BOBBS. In Indianapolis, Indiana, May 1st, Dr. J. S. Bobbs, a prominent and highly respected physician of that city, in the 61st year of his age.

HARVEY. In Peacham, Vt., March 27th, Dr. William Harvey, aged 37 years.

LEWIS. In Pittsburgh, May 7th, Robert T. Lewis, only son of Dr. D. W. Lewis, in the 22d year of his age.

METEOROLOGY.

MAY.	2.	3.	4.	5.	6.	7.	8.
Wind.....	N. E.	N. E.	W.	S. W.	S. W.	W.	E.
Weather. }	Clear	Clear	Clear	Clear	Cloudy	Clear	Clear
Depth Rain		4-10			Sho'r		Sh.H.
					T. 10		Th.L.
Thermom...							
Minimum...	48°	47°	50°	49°	47°	45°	52°
At 8, A. M.	60	55	63	54	57	64	55
At 12, M.	67	68	73	57	65	72	62
At 3, P. M.	68	69	75	58	65	72	60
Mean.....	60.75	59.75	65.25	58.50	54.50	63.25	57.25
Barometer...							
At 12, M.	30.2	30.1	29.8	30.1	29.9	29.6	29.8
Germantown, Pa.				B. J. LEEDOL.			